

UNITED STATES HOUSE OF REPRESENTATIVES
2024 FINANCIAL DISCLOSURE REPORT

Form A

For Use by Members Officers and Employees

HAND DELIVEREDLEGISLATIVE RESOURCE CENTER
(Office Use Only)

2026 MAY 14 PM 4 32

MC

Name Steven Brett Guthrie

Daytime Telephone _____

A \$200 penalty shall be assessed against any individual who files more than 30 days late

FILER STATUS	☒ Member of the U S House of Representatives	State <u>KY</u> District <u>2</u>	☐ Officer or Employee	Employing Office _____	Staff Filer Type (If Applicable) Shared ☐ Principal Assistant ☐
	REPORT TYPE	☒ 2024 Annual (Due May 15 2025)	☐ Amendment	☐ Termination	Date of Termination _____

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A Did you your spouse or your dependent children a Own any reportable asset that was worth more than \$1 000 at the end of the reporting period? <u>or</u> b Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes ☒ No ☐	F Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes ☒ No ☐
B Did you your spouse or your dependent children purchase sell or exchange any securities or reportable real estate in a transaction exceeding \$1 000 during the reporting period?	Yes ☐ No ☒	G Did you your spouse or your dependent children receive any reportable gift(s) totaling more than \$480 in value from a single source during the reporting period?	Yes ☐ No ☒
C Did you or your spouse have earned income (e.g. salaries honoraria or pension/IRA distributions) of \$200 or more during the reporting period?	Yes ☒ No ☐	H Did you your spouse or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$480 in value from a single source during the reporting period?	Yes ☐ No ☒
D Did you your spouse or your dependent child have any reportable liability (more than \$10 000) at any point during the reporting period?	Yes ☒ No ☐	I Did any individual or organization donate to charity in lieu of paying you for a speech appearance or article during the reporting period?	Yes ☐ No ☒
E Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes ☒ No ☐	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered Yes to this question please contact the Committee on Ethics for further guidance	Yes ☐ No ☒
TRUSTS – Details regarding Qualified Blind Trusts approved by the Committee on Ethics and certain other Excepted Trusts need not be disclosed Have you excluded from this report details of such a trust that benefits you your spouse or dependent child?	Yes ☐ No ☒
EXEMPTION – Have you excluded from this report any other assets unearned income transactions or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer yes unless you have first consulted with the Committee on Ethics	Yes ☐ No ☒

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Use additional sheets if more space is required

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name Steven Brett Guthrie

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BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction				
SP DC JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify e.g. Partnership or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII				
		\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*									None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	Spouse/DC Asset with income over \$1,000,000*					
	BRETT GUTHRIE GIFT TRUST								X							X																						
	100% INTERESTED IN TRACE ONE CAST STOCK																																					
	EQUITY IN TRACE ONE CAST, 140 N GRAM AVE BG KY								X							X																						
	KY Employment RETIREMENT SYSTEM																																					
	HEIR KERS																																					

UNDETERMINED

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SCHEDULE B - TRANSACTIONS

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Type of Transaction			Date	Amount of Transaction										
Purch	Sale	Transfer		A	B	C	D	E	F	G	H	I	J	K
			(MO/DA/YR)	\$1,001	\$15,001	\$50,001	\$100,001	\$250,001	\$500,001	\$1,000,001	\$5,000,001	\$25,000,001	Ove \$50,000,000	Over \$1,000,000 (Sp u e/DC)
Asset														
SP	Ex mpt	M g C rp St k												
JT		Prosheres St P 500	1/2/25		X									
		Dividend Aristocrats												
JT		First Trust NASDAQ 100	1/2/25		X									
		Tech Sector Index Fund												
JT		First TRUST NASDAQ 100	12/23/25		X									
		Tech Sector Index Fund												
SP		1240 County Rd 74	1/15/25		X									
		Florence AL												
		Property, inheritance												
JT		ISHARES MUTUAL												
		Fund includes the												
		following:												
JT		Agency Bond A G 2	12/23/25		X									
		ISHARE AGENCY Bond Fund												

SCHEDULE B – TRANSACTIONS

Name Steven Brett Guthrie

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Report year has a transaction that exceeded \$1000 in the reporting period for any security held by you or your dependent child for the period of the transaction. The report does not include transactions between you and your dependent child. The report is for the year ending on the date of the report. Capital gain or loss on the sale of assets in the taxable account of the individual is not included in the report. Column K is for sales of assets by you or your dependent child.			Type of Transaction				Date (MO/DA/YR) Quarterly Monthly Weekly Daily	Amount of Transaction										
			Purchases	Sales	Transfers	Exchanges		A \$1,001 -\$1,000	B \$15,001 -\$50,000	C \$50,001 -\$100,000	D \$100,001 -\$250,000	E \$250,001 -\$500,000	F \$500,001 -\$1,000,000	G \$1,000,001 -\$5,000,000	H \$5,000,001 -\$25,000,000	I \$25,000,001 -\$50,000,000	J Over \$50,000,000	K Over \$1,000,000 (Sp/DC)
SP	DC	IT	Asset															
sp			Ex mpt			M G C rp Stock												
JT			Core MSCI EAFE	X				12/23/25	X									
			IEFA															
JT			Core MSCI															
			EMERGING MARKETS	X				12/23/25	X									
			IEMGO															
JT			MSCI USA	X				12/23/25	X									
			Quality Factor															
			QUAL															
JT			Core US Aggregate	X				12/23/25	X									
			Bond															
			AGG															
JT			Broad US INVESTMENT	X				12/23/25	X									
			Corp Grade Bond															
			USIG															

SCHEDULE B - TRANSACTIONS

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Type of Transaction		Date (MO/DAY/YR)	Amount of Transaction										
P	S		A	B	C	D	E	F	G	H	I	J	K
			\$1,001 to \$10,000	\$10,001 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$250,000	\$250,001 to \$500,000	\$500,001 to \$1,000,000	\$1,000,001 to \$5,000,000	\$5,000,001 to \$25,000,000	\$25,000,001 to \$50,000,000	Over \$50,000,000	Over \$1,000,000 (Sp e/DC)
Asset													
SP	Example	M G C p Stock											
ST	High Yield Corp Bond HYG		X										
ST	Core S+P Small CAP ISR		X										
ST	S+P Value IVE		X										
ST	S+P Growth IVW		X										
ST	Dividend Growth DGRO		X										
ST	MSCI Japan EWS		X										

SCHEDULE B - TRANSACTIONS

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SP DC JT			Type of Transaction				Ch ck Box If Capital Gain E d d \$200	Date (MO/DA/YR) Q r t rly M thly Bi we kly if ppll bl	Amount of Transaction										
Asset			Pu ch s	S le	P rti ts t	Exch g			A	B	C	D	E	F	G	H	I	J	K
Ex mpl									\$1 001	\$15 001	\$50 000	\$50 001	\$100 000	\$100,001	\$250 000	\$250 001	\$500 000	\$500 001	\$1 000 000
M g C p Stock																			
SP	DC	JT																	
					X		X	3/9/25		X									
JT			Emerging markets except China EMXC	X				12/23/25	X										
JT			Schwab Intermediate Term US Treasury SCHTR	X				12/23/25	X										
JT			Schwab Short Term US Treasury SCHTO	X				12/23/25	X										
JT			STATE Street Spider Long Term US Treasury SPTL	X				12/23/25	X										
JT			Vanguard Russell 2000 VTWO	X				12/23/25	X										

SCHEDULE B – TRANSACTIONS

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Type of Transaction			Ch ck Box If C pitot Gain Ex eeded \$200	Date (MO/DAY/YR) Q rtrly M thly Bi w kly If ppil bl	Amount of Transaction										
P rch	S l	P rti ls l			Exch ge	A \$1 001 \$15 000	B \$15 001 \$50 000	C \$50 001 \$100 000	D \$100 001 \$250 000	E \$250 001 \$500 000	F \$500 001 \$1 000 000	G \$1 000 001 \$5 000 000	H \$5 000 001 \$25 000 000	I \$25 000 001 \$50 000 000	J Ove \$50 000 000
SP DC JT			Asset												
SP	Exampl	M g C p Sto k		X	X	3/9/25	X								
JT	Vanguard mortgage Back Securities VmBS		X			12/23/25	X								
JT	Vanguard mid Cap Growth VOOT		X			12/23/25	X								
JT	Vanguard mid Cap Value VOE		X			12/23/25	X								
JT	Vanguard SLP 500 VOD		X			12/23/25	X								
END OF ASSETS Purchased with ISHARES															

SCHEDULE C – EARNED INCOME

Name STEVEN BRETT GUTHRIE

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE Military pay (such as National Guard or Reserve pay) federal retirement programs and benefits received under the Social Security Act

INCOME LIMITS and PROHIBITED INCOME The 2024 limit on outside earned income for Members and employees compensated at or above the senior staff rate was \$31,815. The 2025 limit is \$33,285. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

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Use additional sheets if more space is required

SCHEDULE D - LIABILITIES

Name STEVEN BRETT GUTHRIE

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Report liabilities of over \$10 000 owed to any one creditor at any time during the reporting period by you your spouse or your dependent children Mark the highest amount owed during the reporting period Members Members are required to report all liabilities secured by real property including mortgages on their personal residence Exclude Any mortgage on your personal residence (unless you rent it out or are a Member) loans secured by automobiles household furniture or appliances liabilities of a business in which you own an interest (unless you are personally liable) and liabilities owed to you by a spouse or the children parent or sibling of you or your spouse Report a revolving charge account (i.e. credit card) only if the balance at the close of the reporting period exceeded \$10 000 Column K is for liabilities held solely by your spouse or dependent children

SP DC JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10 001 \$15 000	\$15 001 \$50 000	\$50 001 \$100 000	\$100 001 \$250 000	\$250 001 \$500 000	\$500 001 \$1 000 000	\$1 000 001 \$5 000 000	\$5 000 001 \$25 000 000	\$25 000 001 \$50 000 000	Over \$50 000 000	Over \$1 000 000 (Spouse/DC Liability)
	Exempt First Bank of Wilmington DE	5/20	Mortgage Right of Redemption DE				X							
ST	US BANK 4810 FRENCH ST, OWENS- BORO KY	6/16	Co-sign on DAUGHTER'S PRIMARY RESIDENCE											

SCHEDULE E - POSITIONS

Report all positions compensated or uncompensated held during the current or prior calendar year as an officer director trustee of an organization partner proprietor representative employee or consultant of any corporation firm partnership or other business enterprise nonprofit organization labor organization or educational or other institution other than the United States Exclude Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations), and positions solely of an honorary nature

Position	Name of Organization
BOARD MEMBER	TRACE DIE CAST, INC
TRACE DIE CAST	FAMILY BUSINESS, I OWN 25% - MYSELF +
	3 BROTHERS OWN 100%
	I AM UNCOMPENSATED

SCHEDULE F - AGREEMENTS

Name STEVEN BRETT GUTHRIE

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Identify the date parties to and general terms of any agreement or arrangement that you have with respect to future employment a leave of absence during the period of Government service continuation or deferral of payments by a former or current employer other than the U S Government or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties to Agreement	Terms of Agreement
11/3/09	MYSELF + TRALE DIE CAST (TDC)	RIGHT TO RETURN AFTER GOVERNMENT SERVICE-LOA
11/3/09	MYSELF + TRALE DIE CAST (TDC)	401K, NON CONTRIBUTING BY SELF OR TDC
11/3/09	MYSELF + TDC	DEFERRED COMPENSATION- NON CONTROLLING
11/3/09	BY EMPLOYEE RETIREMENT SYSTEM KERS	WHILE ON LEAVE FOR GOVERNMENT SERVICE
		SELF + KERS - DEFINED BENEFIT PLAN;
		NO CASH VALUE OF ASSETS OWNED OR CONTROLLED BY ME

SCHEDULE G - GIFTS

Report the source (by name) a brief description and the value of all gifts totaling more than \$480 received by you your spouse or your dependent children from any source during the year Exclude Gifts from relatives gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent) local meals and gifts to a spouse or dependent children that are totally independent of his or her relationship to you Gifts with a value of \$192 or less need not be added towards the \$480 disclosure threshold Note The gift rule (House Rule 25 clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics

Source	Description	Value
Exempl M J ph Smith Arlt gt VA	Silver Platter (pri d t m n t l f p r n l f r i n d h l p r e c l v e d f r o m t h C o m m i t t e e o n E t h i c s)	\$500

SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

Name STEVEN BRETT GUTHRIE

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$480 received by you, your spouse, or your dependent children during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE Travel related expenses provided by federal state and local governments or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA 5 U S C § 7342) political travel that is required to be reported under the Federal Election Campaign Act travel provided to a spouse or dependent children that is totally independent of his or her relationship to the filer

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Use additional sheets if more space is required

**SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU
OF HONORARIA**

Name <u>STEVEN BRETT GUTHRIE</u>	Page <u>24</u> of <u>25</u>
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List the source activity (i.e. speech appearance or article) date and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.

Source		Activity	Date	Amount
Examples	Association of American Associations Washington DC	Speech	Feb 2, 2024	\$2,000
	XYZ Magazine	Article	Aug 13, 2024	\$500
/ NONE				

NOTE NUMBER	NOTES
1	Personal Property of my late mother; my father has 100% Control
2	Surrender Value of Universal Life Insurance Policies on my father Principal Life Insurance Des Moines, Iowa Trust has 100% Control
3	On my 2024 Report an "X" was placed in the wrong Column The income attributed to the whole life Policy - American Life should have been attributed to the Lowell Guthrie IRREVOCABLE Trust